

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101573496

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
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48	/					
49	/					
50	/					
TOTAL IND.	1	↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS	1					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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53	/					
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94	/					
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96	/					
97	/					
98	/					
99	/					
100	/					
TOTAL IND.	1	↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS	1					

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